



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5750

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/606,910 | FILING OR 371(c) DATE 06/26/2003 RULE | CLASS 607 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. 10806-122A |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Sverker Norrby, Leek, NETHERLANDS;
 Pablo Artal, Murcia, SPAIN;
 Patricia Ann Piers, Groningen, NETHERLANDS;
 Marrie Van Der Mooren, Engelbert, NETHERLANDS;

**** CONTINUING DATA *******

This application is a DIV of 09/863,546 05/23/2001 PAT 6,609,793 which claims benefit of 60/207,734 05/26/2000 and claims benefit of 60/259,924 01/05/2001

**** FOREIGN APPLICATIONS *******

SWEDEN 0001925-7 05/23/2000
 SWEDEN 0004830-6 12/22/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/17/2003

| | | | | |
|--|--|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NETHERLANDS | SHEETS DRAWING 11 | TOTAL CLAIMS 42 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials | | | | |

ADDRESS

22865

TITLE

METHODS OF OBTAINING OPHTHALMIC LENSES PROVIDING THE EYE WITH REDUCED ABERRATIONS

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED 1146 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|